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TITLE: Supporting Military Families with Young Children throughout the Deployment Lifecycle

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CONTRACTING ORGANIZATION:
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| 13. SUPPLEMENTARY NOTES | | | | | |
| 14. ABSTRACT U.S. military service since the September 11 th , 2001 terrorist attacks has placed tremendous demands on families. Approximately 43% of the Total Forces are parents and two million children have experienced parental deployment. Of these children, 42% were younger than five years during the deployment-separation period(s). In order to build and maintain strong family relationships that support family resilience and child well-being, Soldier and non-deploying parents must successfully meet the challenges of caregiving throughout the deployment cycle. The primary aim of this research is to adapt and test the efficacy of a preventive intervention program that was originally developed as a reintegration program to reduce parenting stress and promote family resilience in Active Duty military families through all phases of the deployment cycle. The study will be conducted in three phases. In phase 1, qualitative interviews will be administered a sample of 40 with Soldiers (20) and Non-Deploying Parents (20) of young children, and 10 key informants to identify parenting needs in the context of deployment. In phases 2 and 3, we conduct a randomized clinical trial with a sample of 150 Active Duty families who are within 6 months of deployment. Families will be randomized to receive the Strong Families parenting program or the Strong Parents self-care program. Primary outcomes include parenting stress, family resilience, and dimensions of family resilience. Secondary goals of this research are to conduct a prospective examination of coparenting through deployment and cost-effective analysis. | | | | | |
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1. INTRODUCTION: STRONG FAMILIES STRONG FORCES

Very young children are disproportionately represented among US military families who have served in the post-September 11th wars. Children ages birth to 5 years have unique developmentally-related vulnerabilities in the wake of parental separation, including parental deployment. The length of these wars and reliance upon a voluntary force have required many families to serve in multiple and lengthy deployments. Prolonged separation can constitute a developmental crisis for babies, toddlers and preschool-aged children, although the homefront parent, through sensitive and consistent parenting, may buffer potentially adverse effects. We also know that the non-deployed parent can be overwhelmed with the additional responsibilities during deployment, and may experience chronic worry about the deployed parent's safety. Formal supports that address the full ecology of the military family, specifically parental roles, parenting/coparenting and parent-child relationships, can build resilience in military families as they navigate the complex stresses inherent in the deployment cycle and unique to the parental role. The primary aim of this multi-year intervention study is to adapt and test the efficacy of a family-based parenting intervention to support Active Duty parents and their families with young children (birth to 5 years inclusive) through the full deployment cycle. Secondary goals include examination of coparenting processes across the deployment cycle, and cost-effective analysis.

2. KEY WORDS

Military families, coparenting, young children, family resilience, deployment cycle, parenting intervention, military spouses, cost effectiveness

3. RESEARCH ACCOMPLISHMENTS ASSOCIATED WITH STATEMENT OF WORK: YEAR 2

3.1. What were the major goals of the project?

During Year 2, the primary tasks and accomplishments were to: (1) complete phase 1 needs assessment, including interviews with home-front parents, service members and key informants, (2) complete Strong Families manual adaptation, (2) develop Strong Parents Self-Care manual (for comparison arm), (4) obtain regulatory approvals for randomized clinical trial, (5) launch randomized clinical trial, including recruitment infrastructure, and (6) assess and adjust collaboration between sites and investigators, data core, clinical team and research-community partnership. Scope of work with status and timeline is presented here.

3.1.1 Scope of Work Summary

| | Timeline (months) | Status |
|--|-------------------|--|
| Phase 1 | | |
| Task 1: Adapt SF program for Active Duty Army families | 1-12 | Completed |
| Task 2: Develop clinician fidelity protocols for Strong Families and Self-Care | 1-9 | Completed |
| Task 3: Adapt research and clinical protocols for implementation at Ft. Hood site | 1-6 | Completed |
| Task 4: Hire and train SFSF2 staff at BU and UTHSCSA (for Ft. Hood site) 4a) Provide intensive training on home-based intervention (Strong Families clinicians only) 4b) Provide training on crisis intervention procedures for research/intervention visits for research and clinical staff (both SF & SC control) 4c) Provide training on the conduct of research assessment interviews, data management and clinical documentation protocols (SF and SC control) | 3-8 | Phase 1 training completed (Y1) RCT training completed (Y2) |
| Task 5: Commence recruitment for Phase 1 qualitative interviews with key informants (10), service members (20), spouses (20) | 7-8 | Completed |
| Task 6: Conduct qualitative interviews (N=20 Soldiers, N=20 at-home parents; key informants) Final sample: N=15 Soldiers, 20 home-front parents, and 9 key informants | 8 | Completed |
| Task 7: Submit Phase 3 protocols for HRPO pre-review. Submit protocol to UTHSCSA IRB. Seek Institutional Agreements for IRB Review (IAIRs) from BU & BAMC where they will defer their reviews to UTHSCSA IRB. | 9-10 | Ongoing approval |

Phases 2-3: Randomized clinical trial of Strong Families vs. Self-Care

| | | |
|---|-------|-----------|
| Phase 2 Tasks 1-3: Open pilot of pre-deployment sessions <i>First 10 SF families for RCT will be pilot cases</i> | 8-12 | Ongoing |
| Task 4: Refine research protocol for RCT based on qualitative interviews; finalize assessment instruments for RCT | 10-13 | Completed |
| Task 5: Obtain approvals for amendments to research protocol for RCT | 11-12 | Completed |

| | | |
|---|-------|--------------------------------|
| PHASE 3: Randomized Clinical Trial of Strong Families vs. Self-Care | | |
| Task 1: Screen families for participation in RCT | 13-36 | Ongoing Launched April 2016 |
| Task 2: Consent, conduct pretest, and randomize families | 13-36 | Ongoing (Tables below) |
| Task 3: Deliver Strong Families and Strong Parents intervention to families (N=124) | 13-39 | Ongoing |
| Task 4: Conduct posttest assessment interview (+3 months from pretest) | 16-42 | Ongoing |
| Task 5: Conduct follow up assessment interview (+6 months from pretest) | 19-45 | Ongoing |
| Task 6: Coordinate data transfer between Ft. Hood and BU sites | 12-40 | Ongoing |
| Task 7: Data entry, cleaning, and analysis | 12-40 | Ongoing |

Utilization, Cost and Sustainability Aim

| | | |
|--|------|-------------|
| Task 1: Identify cost data to capture on SF and Self-Care Programs to be used to estimate program costs | 6-18 | Completed |
| Task 2: Begin to identify additional outcomes to include in analysis or cost impacts related to healthcare and social services utilization, health promotion behaviors, post-partum issues, missed work activities, etc. | 6-18 | In progress |

3.2. What was accomplished under these goals?

3.2a. PHASE 1 STATUS

Phase 1 Data Collection

Research Team received HRPO approval on June 6, 2015. At the end of Year 2, we have completed interviews with 90% of Key Informants, 100% (20) of spouses, and 75% (15) Soldiers. Data coding and analysis are underway with manuscript development and submission planned for Y3.

Research Collaboration

The Boston University, UTHSCA-Ft. Hood, and RAND researchers continue to develop effective and efficient strategies for communication. BU/UTHSCSA-Ft Hood continue to utilize regular (weekly) team meetings via teleconference to discuss and address ongoing research issues and to invite relevant community members or experts to the call as needed. In the last quarter of this year, for example, we invited Dr. Leanne Knobloch to discuss recruitment strategies with our team to increase outreach and enrollment.

The Strong Families Strong Forces manual was adapted and finalized for implementation in the clinical trial (launched in April 2016). Similarly, the Strong Parents program, based on an existing self-care protocol used in another STRONG STAR study, was adapted for implementation with parents of young children in this study (Blankenship).

Outreach and Recruitment

The leadership team, including Drs. DeVoe, Dondanville, Blankenship, and Acker, meet regularly for planning purposes, oversight of all aspects of the project, and trouble-shooting. Dr. Blankenship has developed a recruitment and outreach infrastructure to increase enrollment in the clinical trial.

Briefing Military Leadership

The UTHSCA Team has met extensively with military leadership at Ft. Hood to discuss the project. In particular, we have briefed brigade commanders in order to gain access to battalion Commanders who in turn have allowed us to brief at the company level. Through our command relationships we have had the opportunity to brief at town halls, deployment fairs, and Family Readiness Group (FRG) meetings of units that have been identified as about to experience a deployment. We have personally briefed the First Lady of Fort Hood, Mrs. Lynda MacFarland, COL, Hospital Commander, COL Mark Thompson, Garrison Commander COL

Todd Fox, and the Fort Hood Mayor about our project. They overwhelmingly support our project, and have provided guidance on recruitment efforts and facilitated our ability to be at high level meetings in order to brief military leadership.

Community Outreach

The UTHSCSA-Ft. Hood team has conducted extensive outreach on base both to provide information about the study and to obtain information about potential resources and partnerships to facilitate recruitment. UTHSCSA-Ft. Hood staff have met with multiple organizations, services and agencies concerned with military families, including Family Readiness, New Parent Support, New Parent Support Program, Local Play Group, Family Advocacy, Child and Family Behavioral Health, Soldier Readiness Program (SRP), Family Life Chaplain Training Center, Fort Hood Housing and providers on and off post. The UTHSCSA-Ft. Hood team also attends important community events such as the Safe and Healthy Kids Fair and the National Employment Disability Awareness event, Fort Hood Baby Expo, and Fort Hood Housing Back to School Bashes.

3.2b. RANDOMIZED CLINICAL TRIAL PROGRESS AND STATUS

Overall Recruitment Comments

Please note that HRPO approval to begin enrollment was not obtained until 31 March 2016. Recruitment began immediately and the first participant was consented 5 May 2016. Still recruitment is a concern.

When we began recruiting, we only had approximately one month to obtain participants from the first deploying group, and approximately 2 months for the next several deploying groups. This has been particularly challenging as Service Members and their families are very busy preparing for the separation that close to the deployment, and unfortunately, were unable to commit that much time to study participation in spite of our best efforts to accommodate their schedules (e.g., offering evening and weekend appointments, condensing material, etc.). For the next several units, we have 6 months' notice and are actively recruiting and consenting individuals from these units. In addition, early on we did not have access to the deployment schedules, but through creating a collaborative relationship with command we now have more information about which units are deploying and when, and are able to directly target deploying service members and their families from these units. Lastly, we have submitted amendments to broaden our inclusion criteria in order to include more families in the study, and removed the requirement that the baseline has to be conducted in the office.

The current recruitment strategy includes both top down and bottom up efforts. With regard to our top down strategy, we have briefed brigade commanders in order to gain access to battalion Commanders who in turn have allowed us to brief at the company level. Through our command relationships that we have developed we have had the opportunity to brief at town halls, deployment fairs, and Family Readiness Group (FRG) meetings. With regard to our bottom up efforts, we attend important community events such as the Fort Hood Baby Expo, Fort Hood Play Group, and Fort Hood Housing Back to School Bash. While at these community events, we are able to interface directly with parents with young children and inform them about our project if they are about to experience an upcoming deployment. Lastly, we have brief providers on and off-post about our services, and offered and keep recruitment materials at these offices. Staff attended the following community and military events to promote the STRONG FAMILIES STRONG FORCES program:

- Briefings at Newcomer Orientation
 - 04 May, 11 May, 18 May, 25 May, 01 June, 08 June, 15 June, 22 June, 29 June, 06 July, 13 July, 20 July, 27 July, 03 August, 10 August, and 17 August 2016.
- Briefings at Soldier Readiness Processing (SRP)
 - 22 June, 23 June, 08 July, 12 July, 14 July, 15 July, 18 July, 19 July, 21 July, 22 July, 26 July, 22 August, 08 September, and 06 October 2016.
- Briefings at Family Readiness Meetings (FRG)
 - 10 May, 31 August, 08 September, 14 September, 03 October, and 11 October 2016.
- Briefed at Town Halls/Deployment Fairs
 - 29 June, 30 June, 12 July, 14 July, 20 July, and 18 August 2016.
- Briefed Brigade and Company Commanders
 - 15 June, 23 June, 05 July, and 24 August 2016.
- Briefed at Fort Hood Councils (Community Service, Parent Advisory, Health Promotions)

- 22 June, 08 July, 12 July, and 27 July 2016.
- Briefed Fort Hood medical providers
 - 23 June, 29 June, 26 July, 18 August, and 30 September 2016.
- Briefed at Fort Hood and Community Fairs (Mental Health, Health and Wellness, Behavioral Health)
 - 12 May, 19 May, 29 July, and 08 September 2016.
- Briefed at New Parent Support Group Classes and Play Groups
 - 10 May, 24 May, 14 September, and 21 September 2016.
- Briefed at Fort Hood Housing Personnel and Events
 - 01 August, 11 August, 12 August, and 21 September 2016.
- Briefed at the Fort hood Library Summer reading Kickoff on 08 June 2016.
- Briefed at the Steering Committee Meeting on 06 September 2016.
- Briefed at the Community Resource Council on 28 September 2016.
- Recruited from the Fort Hood Commissary on 31 July 2016.
- Attended Hood Howdy on Fort Hood on 04 August 2016.
- Presented at the Military Social Work Conference at University of Texas Austin on 27 September 2016.

Based on these latest recruitment efforts, enrollment has exponentially increased in the last three months. The study team will continue to monitor recruitment closely.

3.2c. SUMMARY OF RECT ENROLLMENT AND PARTICIPANT DEMOGRAPHICS

Table 1: RCT Summary of Subject Screening and Enrollment

Approved to consent: 600 individual adult participants (300 family units)

Targeted enrollment for data analysis: 300 individual adult participants (150 family units)

ENROLLED (Consented) = 44 adult individuals (22 family units)

Excluded = 0

Pending Eligibility Determination = 0

Randomized = 44 adult individuals (22 family units)

RANDOMIZED = 44 adult individuals (22 family units)

Pending Start of Intervention = 2 (1 family unit)

Drop-out Prior to Intervention = 0

Drop-out During Pre-deployment Intervention = 4 (2 family units)

Drop-out During Deployment Intervention = 0

Drop-out During Re-integration Intervention = 0

Completed Intervention (all phases) = 0

Active in Intervention (any phase) = 38 adult individuals (19 family units)

ACTIVE IN FOLLOW UP = 0

Table 2: Events leading to Dropout from the Study during Intervention

| # of Subjects | Description of Events (and subject numbers) |
|-------------------|---|
| 2 (1 family unit) | Participant request – family wanted more child-oriented program (1004/2004) |
| 2 (1 family unit) | Became ineligible – Service Member no longer deploying (1003/2003) |

Table 3: Demographic Summary (randomized adult participants only)

| Gender | Numbers | Race | Numbers |
|--------------------------|---------|----------------------------------|---------|
| Male | 22 | White | 29 |
| Female | 22 | Black or African American | 6 |
| Unknown or Not Reporting | 0 | Asian | 0 |
| Ethnicity | Numbers | American Indian/Alaska Native | 0 |
| Hispanic or Latino | 11 | Native Hawaiian/Pacific Islander | 0 |
| Not Hispanic or Latino | 33 | Other/More Than One Race | 9 |
| Unknown or Not Reporting | 0 | Unknown or Not Reporting | 0 |

3.3. What opportunities for training and professional development has the project provided?

During the second year, BU continued to provide training and supervision on the Strong Families program through in-person workshops, reading assignments, and discussion. Similarly, Dr. Abby Blankenship, developer of the Strong Parents intervention, provided initial training on the model to the clinical team and continues to provide training and supervision on current cases.

Project Launch: In February 2016, BU/UTHSCSA-Ft. Hood teams conducted an updated “in-house” training on Strong Families and all study protocols.

Professional development is strongly supported through this project. Specifically, because the STRONG STAR Consortium research studies typically focus on adult PTSD treatment and related interests, all Strong Families staff will be exposed to new models of intervention (home-based; prevention) with a new population (families with young children). Necessarily, staff and clinicians are acquiring new expertise in child development, cycle of deployment, family-level analysis, and community-based approaches to research. All researchers on the team are encouraged to consider additional professional growth activities, including preparation of manuscripts for publication, submission and presentation of research at professional conferences, and participation at professional conferences.

Clinical Training

- Strong Families Training on Strong Families –Training was provided to Ft. Hood team clinicians and trainees. (2.5 days @ Ft. Hood site; trainers: Ellen DeVoe, PhD and Michelle Acker, PsyD {Boston team}); February 2016
- Strong Parents Training- Training was provided to Ft. Hood team clinicians and trainees. (1 days@ Ft. Hood site; trainer: Abby Blankenship, PhD {Fort Hood Team}); February 2016.

Research Training: Qualitative Coding of Phase 1 interviews

- Primary Outcome for exploratory aim (coparenting): Full-day training on Coparenting Observational Protocol – Dr. Jamie McHale, University of South Florida, @ Ft. Hood site. Oct 2015
- Qualitative coding and analysis training: A codebook was developed to structure and guide qualitative analysis of Phase 1 interviews with soldiers, home-front spouses, and key informants at the Ft. Hood site. Two Ft. Hood coders and 1 BU coder have been trained on coding procedures. NVivo qualitative analysis software is ongoing at BU site. (July –Sept 2016, ongoing).

Consultation

- Dr. Leanne Knobloch to address recruitment strategies to increase enrollment (June 2016)
- Dr. James McHale regarding protocol for observational measure of coparenting (May 2016).

3.4. How were the results disseminated to communities of interest?

- 1) Multiple briefings about the research and Strong Families program by Ft. Hood staff throughout Year 2 as described above in Recruitment Section.
- 2) Peer-Review and invited chapter publications; professional conference presentations, posters, and trainings. (See **PRODUCTS** below.)

3.5. What do you plan to do during the next reporting period?

- a) Recruitment, randomization and intervention for the randomized clinical trial (ongoing)
- b) Completion of coding and analysis of qualitative interview data (service members and home-front parents); preparation of manuscripts based upon qualitative findings
- c) Begin coding process for coparenting observational protocol
- d) Conference Presentations:
 - 4th Annual Military Social Work Conference (DeVoe, Dondanville, Blankenship, Acker, Hummel, Cope, Bottera), Austin, TX. Oct 2016
 - Combat PTSD Conference (DeVoe, Dondanville), San Antonio, TX. Oct 2016
 - Society for Social Work Research (SSWR) Annual Conference (Fina, DeVoe, Dondanville, Yarvis). New Orleans, LA. Jan 2017

4. IMPACT

4.1. What was the impact on the development of the principal disciplines of the project?

4.2. What was the impact on other disciplines?

As noted in Y1 Annual Report, this project is the first study focused specifically on Active Duty families with children to be affiliated with the STRONG STAR Consortium. In addition, this is the first Social Work-led project at STRONG STAR and among few funded by the Department of Defense to Social Work Principal Investigators. STRONG STAR has been extremely supportive of this work and interested in the prevention and family orientation of the study. We continue to have impact in multiple disciplinary areas, including social work, psychology, and public health, through publication of peer-reviewed papers, conference presentations, invited book chapters on military families, and service related to expertise in military families.

4.3. What was the impact on technology transfer?

Nothing to Report

4.4. What was the impact on society beyond science and technology?

Nothing to Report

5. CHANGES/PROBLEMS

5.1. Changes in approach and reasons for change

Nothing to report

5.2. Actual or anticipated problems or delays and actions or plans to resolve them

Recruitment for the randomized clinical trial has been challenging. To address potential pacing for recruitment to meet sample targets, we have substantially expanded our recruitment and outreach infrastructure – efforts we believe are beginning to pay off. In addition, as we have noted in previous reports, the study is dependent upon deployment rotations although a large unit is scheduled to deploy in early 2017.

We also note several patterns we have observed in this early stage of the RCT. First, many families are contacting the project within a few days or a week prior to deployment or just after deployment. We are documenting when families reach us and will make adjustments to the pre-deployment intervention timeframe when possible, and incorporate needed flexibility into later dissemination efforts.

Second, we note that approximately half of our current sample includes women who are pregnant and expecting a baby just prior to their service member's scheduled departure or early in the planned deployment period. At this time, we are identifying appropriate services to support these families and are developing project guidelines to enable their participation in the RCT as much as possible. In addition, we have initiated contact with colleagues at Ft. Hood in OB/GYN and related services to explore possible collaboration.

5.3. Changes that had a significant impact on expenditures

Nothing to report

5.4. Significant changes in use or care of human subjects

Nothing to report

6. PRODUCTS

6.1. Publications, conference papers, and presentations

PEER-REVIEWED PUBLICATIONS

1. DeVoe, E.R., Paris, R., Emmert-Aronson, B., Ross, A., & Acker, M.A. (2016). A Randomized Clinical Trial of a Post-Deployment Parenting Intervention for Service Members and their Families with Very Young Children. *Psychological Trauma: Theory, Research, Policy, Practice*.
2. DeVoe, E.R., Dondanville, K., Blankenship, A., & Hummel, V. (Accepted). PTSD Intervention with Military Service Member Parents: A Call for Relational Approaches. *Best Practices in Mental Health: Special Issue on Military/Veteran-Connected Populations*.

BOOK CHAPTERS

1. DeVoe, E.R., Dondanville, K., & Blankenship, A., (In press). Military Families. In B. Fiese (Ed.), *APA Handbook of Contemporary Family Psychology*. American Psychological Association.
2. DeVoe, E.R., Paris, R., Acker, M.A. (2016). Prevention and Intervention with Military Families of Young Children. In A. Gewirtz & S. MacDermid Wadsworth (Eds), *Military Deployment, Parenting and Resilience* (pp. 213-227). Springer.

OTHER PUBLICATIONS

MANUSCRIPTS UNDER REVIEW

1. Bryant, S., Paris, R., DeVoe, E.R. (under review). Partner Attunement in Military Couples with Young Children. *Journal of Family Psychology*.

PROFESSIONAL PRESENTATIONS

1. DeVoe, E.R., Acker, M.A., Blankenship, A., Dondanville, K., & Jacoby, V (Sept 2016). *Supporting Contemporary Military Families with Very Young Children: Reflective Practice as Best Practice*.

Presentation at the 4th Annual Military Social Work Conference, “Supporting Diversity in the Military, Veterans, and their Families: Implications for Practice, Education, and Research.” University of Texas, Austin, TX.

2. Dondanville, K. A., DeVoe, E. R., & Blankenship, A. (Sept 2016). *If they build it, they will they come?* Presentation at the 4rd Annual Military and Veteran Social Work Conference at the University of Texas, Austin.
3. Bottera, A. R., Hummel, V. M., Acker, M. L., Dondanville, K. A., Blankenship, A. E., Jacoby, V. M., Rathbun-McVeigh, H. L., Brilliot, L. J., Larson, D. E., Myers, A. M., DeVoe, E. R., & for the STRONG STAR Research Consortium. (Sept 2016). *A Prevention Program for Military Families Across the Deployment Cycle: An Overview of Recruitment Strategies and Challenges*. Poster Presentation at the 4rd Annual Military and Veteran Social Work Conference at the University of Texas, Austin.
4. Blankenship, A., DeVoe, E.R., Paris, R., & Acker, M. (Dec 2015). *Engaging Military Fathers of Very Young Children in a Reflective Parenting Program*. Field presentation at the Zero to Three 30th National Training Institute, Seattle, WA.
5. DeVoe, E.R., & Flinton, K. (Oct 2015). *Transforming trauma curriculum for the Online Teaching Environment: Balancing student safety and intellectual rigor*. 21st Annual Online Learning Consortium, Orlando, FL.
6. Hamre, C., Ross, A., & DeVoe, E.R. (Nov 2015). *Enhancing acceptability, relevance and efficacy of social work intervention: Findings from a community-based participatory approach*. Paper presented at the 143rd American Public Health Association Annual Conference. Chicago, IL.
7. VanAernam, C., Ross, A., Richter, M., & DeVoe, E.R. (Nov 2015). *Healthy Reintegration for Military Couples*. Paper presented at the 143rd American Public Health Association Annual Conference. Chicago, IL.

WORKSHOPS – N/A

PROMOTIONS

Ft. Hood

1. Vanessa Jacoby, PhD: Promotion to Assistant Professor (2016, September)

Boston University

1. Ben Emmert-Aronson, PhD: Completion of PhD program in Clinical Psychology.

6.2-6.4: Nothing to Report

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

| Personnel | Role | Person-Months |
|--------------------------|----------------------------------|---------------|
| Boston University | | |
| Dr. Ellen DeVoe | PI | 2.92 |
| Dr. Michelle Acker | Training and Clinical Supervisor | 1.0 |
| Kong/Emmert-Aronson | Research Assistants | 24 |

| | | |
|--|------------------------------|-----|
| Strong Star Consortium/Ft. Hood | | |
| Dr. Katherine Dondanville | Co-Investigator | 1.8 |
| Dr. Abby Blankenship | Research Assistant Professor | 1.8 |
| Heidi Rathbun-McVeigh | Therapist 2 (MSW) | 12 |
| Angeline Bottera | Research Assistant 1 | 12 |

8. SPECIAL REPORTING REQUIREMENTS

APPENDIX A: QUAD CHART (Separate Attachment)

9. APPENDICES N/A